

Community Safety Consultants Presents

EMERGENCY MEDICAL DISPATCH (EMD) 2017

The Emergency Medical Dispatcher is the principal link between the public in need of emergency medical assistance and the EMS system. This course will teach you about the responsibilities of being an emergency medical dispatcher, including legal aspects, interpersonal communications, giving medical instructions by telephone, resource allocation, and the use of emergency medical dispatch guide cards. This course includes a day and a half of role-playing and simulations involving 9-1-1 calls. After successful completion of this course students will have the fundamentals to start handling 9-1-1 calls that are medical in nature.

***Prerequisites for the EMD course are:**

A valid Healthcare Provider (or equivalent) CPR card & Previous certification as a Tele-communicator

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

Date: Jan. 16, 17, 18, 19
June 19, 20, 21, 22
Nov. 13, 14, 15, 16



Time: All classes are 8:30am -4:30pm

Cost: \$250

(If Needed -Remediation fee of \$25/hour IS NOT included in course fee)

CEUs: 21 Elective for EMTs

Location:

Community Safety Consultants (2nd floor Metuchen EMS building)
1 Safety Place Metuchen, NJ 08840 (732) 548-4269

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To register for this class

By mail: Send form & payment or P.O. to: Community Safety Consultant 1 Safety Place Metuchen, NJ 08840 732-548-4269

At the door You may register at the door on a first come first serve basis, depending on available seating.

Name: _____ **E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ ** Cell #: (____) _____ - _____ EMT # _____ -

Payment: ☐ Check / Money Order (make payable to CSC) or ☐ Cash or ☐ Purchase Order **CC-Call office**

*Copy of Healthcare Provider CPR card enclosed _____ *Copy of Basic Tele Communicator certificate enclosed _____

** Required contact information filled out _____

We cannot accept students without completed payment status

Program Name: EMD – -Feb. ____ June ____ Nov. ____